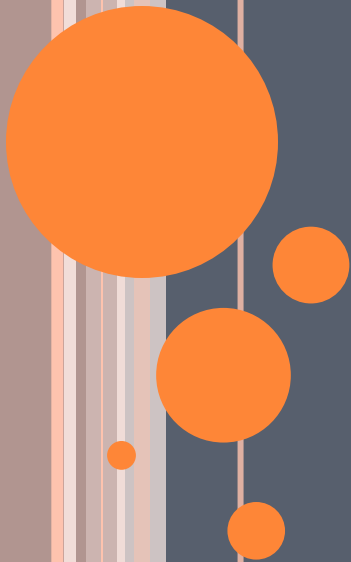


# **DARMHA DATA MEETING:** **SFY 2015 CHANGES**

**March 19, 2014**

Presented by Sue Lummus and Wendy Harrold



# MEETING LOGISTICS

- Please mute your phones; there will be several opportunities to make comments and ask questions.
- This PowerPoint will be posted on the DARMHA Provider Page,  
<https://dmha.fssa.in.gov/DARMHA/ProviderPage.aspx>



# WHY DOES DMHA NEED THIS DATA?

- Grant reporting
  - SAPT (Substance Abuse Prevention and Treatment)
  - Mental Health Block Grant
  - DASIS (Drug and Alcohol Services Information System)
- Performance Measures
- Consumer Outcomes



# DSM IV-TR; DSM 5; ICD-9

- What's it all about? Not sure anyone really knows but we do have a plan.
- Until October 1, 2014, DARMHA will accept any diagnosis code on the approved DSM/ICD-9 list.
  - Providers need to decide if they are submitting diagnostic information using the DSM IV axis structure
  - DARMHA will accept the current axis structure
  - DARMHA will also accept diagnoses submitted on a single axis (I) but only psychiatric diagnoses. Medical diagnoses will not be accepted unless submitted as Axis III.
- DARMHA will consider the first diagnosis on the selected Axis to be the primary diagnosis



# WHAT HAPPENS ON JULY 1, 2014

On July 1, several options are available:

- Do nothing differently – you continue to submit the codes you have been using and use the axis structure
- Collapse the axis structure and submit up to 3 diagnoses in one set:

Submit any non-medical DSM or ICD-9 code

Submit only ICD-9 codes listed in DSM 5



# WHAT HAPPENS ON OCTOBER 1, 2014

On October 1, all diagnoses must be ICD-10 codes.

- The code format becomes: xxx.xxxx
- By July 1, we will send you more information about changes required for October 1. There will be a new diagnosis table in DARMHA.



# DSM 5

- There are significant changes with DSM 5 which affect clinical decision making about diagnosis (and more that will come into play with ICD-10)
- The data impact of these clinical changes is primarily related to how the code is described or the addition of a diagnosis in DSM 5 (such as 278.00 Overweight or obesity).



# DSM 5

- Notable that there are extensive new DSM 5 conditions or situations that may be used:
- Conditions may be a Focus of Clinical Attention:
  - Relational Problems
  - Abuse and Neglect
  - Educational and occupational Problems
  - Housing and Economic Problems, etc
- Since none will be eligible diagnoses, should we even have them in DARMHA?





# DSM IV-TR; DSM 5; ICD-9

- From a coding perspective, the primary difference going from DSM IV-TR to DSM 5 is that the APA has adopted ICD-9 for the coding.
- CMS now includes most DSM IV-TR codes in their list of ICD-9 codes.
- Some codes are no longer in the DSM manual but remain in ICD-9 (and ICD-10, e.g. Aspergers)



# DSM IV-TR; DSM 5; ICD-9

- Some DSM IV-TR and ICD-9 descriptions are different in DSM 5 (e.g., Vascular Dementia is now Major vascular neurocognitive disorder)
- For the period of July 1 – Sept 30, DARMHA lists of diagnoses will be a “mishmash” of different code sets
- As of October 1, all codes will be ICD-10 codes and the description in DSM 5 (where one exists)



# DSM IV-TR; DSM 5; ICD-9

Four eligible diagnosis lists will be available  
DMHA and OMPP Approved Diagnoses List(s)

1. DSC Eligible Diagnoses
2. MRO Eligible Diagnoses for Youth and for Adults
3. BPHC (Behavioral and Primary Health Care HCB Service)
4. AMHH (Adult Mental Health Habilitation HCB Services)

These will all be posted to the DARMHA Documents page:

<https://dmha.fssa.in.gov/DARMHA/>



# ICD - 10

- The same lists identified on previous slide will be created using ICD-10 codes.
- These will be available no later than July 1, 2014



# OTHER DIAGNOSES

- Since the Axis Structure is being removed, some general medical conditions will be required in DARMHA.
- You will check the conditions that apply.
  - Diabetes
  - Cardiovascular Disease
  - Hypertension
  - Hyperlipidemia (cholesterol)
  - Cancer
  - Smoking
  - Obesity
- Others can be added with input from all of you.



# REFERENCES – ICD-9

- The Centers for Medicare and Medicaid Services is probably our best partner in identifying diagnoses and codes
- ICD-9 – Suggest use the Lookup page. Search on number or words. Example: lookup 295 will result in list of all schizophrenia diagnoses; lookup “schizo” will result in a few additional codes
- <http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx>



# ICD - 10

- The ICD – 10 code lists in the document previously sent by DMHA is incomplete
- Your QI staffs let us know that ICD – 10 does have many codes to specify subgroups or severity indicators that are not included in the DSM 5 manual
- DMHA will revise the ICD – 10 list and send the revisions to you as soon as possible



# REFERENCES ICD-10

- The DSM 5 provides *some* ICD-10 diagnoses for the psychiatric community's transition from ICD-9 to ICD-10
- More complete information can be found on the CMS website
- <http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>
  - 2014 Code Tables and Index (ZIP) – use Tabular Index





# QUESTIONS REGARDING DIAGNOSIS?

Please send any questions about diagnoses to:

Sue Lummus – [sue.lummus@fssa.in.gov](mailto:sue.lummus@fssa.in.gov)

- Suggestions and recommendations are also welcome.



# NEW EBP AND CANS/ANSA WORDING

- There will be a new EBP on the Evidenced Based Practice page (details to come).
- The Trauma question in the CANS and ANSA have a few wording changes.



# CONSUMER INFORMATION

- Please use Legal Names. We are trying to match consumers from different applications. Examples:
  - Driver's License/State Issued ID
  - Birth Certificate
  - Social Security Card
- Please work on accuracy in demographics (Date of Birth, Social Security Number, Medicaid ID, etc.)
- If a consumer has a Social Security Number and/or Medicaid ID please submit it to DARMHA; it will help with matching. (However, both fields are still optional.)



# DATA QUALITY IN DARMHA

- DMHA has hired a data analyst, Tim McFarlane, to analysis the all the data we receive.
- He may email you data that needs to be corrected or updated. Please attend to these emails as quickly as possible.



# DARMHA QA – TESTING ENVIRONMENT

- The test environment -  
<https://dmhaqa.fssa.in.gov/DARMHAQA>
- We have been told by our state HIPAA staff that **no real data can be in DARMHA QA**. Data has to be test data. We will be checking to see if providers are putting in real data – if they are, the data will be wiped out.



# TESTING SFY 2015 CHANGES

- Manuals will be available by May 1<sup>st</sup>.
- We will be implementing SFY 2015 changes in QA incrementally. All the changes will be available for testing in QA by June 1<sup>st</sup>.



# DARMHA 101

- We have had request for a DARMHA 101 webinar to go over the data DMHA requires.
  - Are there subjects/issues you want covered?



# CONTACT INFORMATION

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